

SERVICE	LIMITATIONS
22. Respiratory care services (in accordance with section 1902 (e)(9)(A) through (c) of the Act).	<u>Limitations on payment</u> - This service is limited to individuals under 21 years of age for treatment of physical and mental problems identified through EPSDT screening and require prior authorization.
23. Pediatric or family nurse practitioners' services	<u>Limitations on payment</u> - The following limits apply to payment for compensable services: 1. Procedures not listed in the Medical Assistance Program Fee Schedule or precluded by Chapter 1150 (relating to the Medical Assistance Program payment policies). 2. Services and procedures furnished by the CRNP for which payment is made to an enrolled medical service provider or practitioner. 3. Services and procedures for which payment is available through other public agencies or private insurance plans as described in §1101.64 (relating to third party medical resources). 4. The same service and procedure furnished to the same recipient by a CRNP and physician, with whom the CRNP has protocols, on the same day.

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State/Territory: COMMONWEALTH OF PENNSYLVANIA

AMOUNT, DURATION, AND SCOPE OF MEDICAL  
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

24. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary.

a. Transportation.

☒ Provided: ☐ No limitations ☒ With limitations\*  
☐ Not Provided.

b. Services of Christian Science nurses.

☒ Provided: ☐ No limitations ☒ With limitations\*  
☐ Not Provided.

c. Care and services provided in Christian Science sanatoria.

☒ Provided: ☐ No limitations ☒ With limitations\*  
☐ Not Provided.

d. Nursing facility services for patients under 21 years of age.

☒ Provided: ☐ No limitations ☒ With limitations\*  
☐ Not Provided.

e. Emergency hospital services.

☒ Provided: ☐ No limitations ☒ With limitations\*  
☐ Not Provided.

f. Personal care services in recipient's home, prescribed in accordance with a plan of treatment and provided by a qualified person under supervision of a registered nurse.

☒ Provided: ☐ No limitations ☒ With limitations\*  
☐ Not Provided.

\*Description provided on attachment.

SERVICE	LIMITATIONS
21.d. Skilled Nursing Facility Services for Patients Under 21 Years of Age Please refer to Attachment 4.19D for reimbursement	<u>Limitation on payment</u> - Limited to approved facilities.  All hospital-based nursing units must meet requirements as follows: 1. The nursing unit must be composed of former acute care hospital beds that have been converted to and certified for skilled nursing or intermediate care. 2. The need for the beds must have been approved by the local health planning agency. 3. The distinct part unit may not exceed 50% of the facility's licensed or approved bed complement for acute hospital care. A facility will, however, be granted an exception to the 50% bed limit if it submits written documentation to the Office of Medical Assistance, Bureau of Reimbursement Methods substantiating that all of the following criteria have been met: (i) beds operated in excess of the 50% limit have been approved by the Department of Health, Division of Need Review; (ii) the unit is located in an area underserved or lacking long term care beds under an approved local health plan; (iii) more than 50% of the unit's licensed long term care beds are occupied by Medical Assistance patients.
21.e. Emergency Hospital Services	<u>Limitations on payment</u> - The following limits apply to payment for compensable services:  Described in item 2.a.(2).

SERVICE	LIMITATIONS
24. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary.	
b. Services of Christian Science nurses	<u>Limitations on payment</u> - This service is limited to individuals under 21 years of age for treatment of physical and mental problems identified during EPSDT screening and require prior authorization
c. Care and services provided in Christian Science Sanitoria	<u>Limitations on payment</u> - This service is limited to individuals under 21 years of age for treatment of physical and mental problems identified during EPSDT screening and require prior authorization
f. Personal care services in recipient's home, prescribed in accordance with a plan of treatment and provided by a qualified person under supervision of a registered nurse.	<u>Limitations on payment</u> - This service is limited to individuals under 21 years of age for treatment of physical and mental problems identified during EPSDT screening and require prior authorization.

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AMOUNT, DURATION AND SCOPE OF MEDICAL  
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

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Any other medical care and any other type of remedial care recognized under state law, specified by the Secretary.

g. Oxygen and related equipment.

☒ Provided      ☐ No limitations      ☒ With limitations\*

Case Management Services

☒ Provided      ☐ No limitations      ☒ With limitations\*

Description provided on attachment.

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SERVICE	LIMITATIONS
24.g. Oxygen and Related Equipment	<p><u>Limitations on payment</u> - The following limits apply to payment for compensable services:</p> <ol style="list-style-type: none"><li>1. Patients must have had a comprehensive cardiopulmonary evaluation that resulted in an established diagnosis of the cause of the respiratory disability.</li><li>2. Prior approval is required for initial prescriptions for oxygen and related equipment unless the physician has certified that the recipient is adequately prepared to use oxygen equipment and the physical surroundings in the home are suitable to its use. Prior authorization is not required after 45 days of continued use if prescribed by a physician.</li><li>3. The physician must recertify orders for oxygen at least every 6 months.</li><li>4. No provision for direct payment to an inhalation therapist.</li></ol>
25. Case Management Services	<p><u>Limitations of Payment</u> - The following limits apply to payment for compensable services:</p> <ol style="list-style-type: none"><li>1. Services are limited to eligible medical assistance recipients under the age of 21.</li><li>2. Not provided if case management is an integral part of another covered medical assistance service.</li><li>3. Not provided for purposes other than to assist recipients to gain access to medical, educational, habilitative/rehabilitative and social services related to that person's service coordination plan.</li></ol>

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
STATE: COMMONWEALTH OF PENNSYLVANIA  
DESCRIPTIONS OF LIMITATIONS

ATTACHMENT 3.1-A  
Page 10b

SERVICE	LIMITATIONS
25. Case Management Services (Cont.)	4. Not provided as outreach activities for the purpose of seeking potential recipients of case management services.  5. Not provided if case management is a part of inpatient services (hospitals, ICFs/MR, nursing homes, JCAHO accredited residential treatment facilities and public mental health hospitals), excluding discharge planning provided within 30 days prior to discharge.

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SERVICE	LIMITATIONS
18. <u>Any other medical care and any other type of remedial care</u>	
18.a. Transportation	<u>Limitations on payment</u> - The following limits apply to payment for compensable ambulance transportation: 1. Transportation must be made to providers who are generally available and used by other members of the community. 2. Transportation must be made to or from services which are covered under the Medical Assistance Program. A partial list of noncovered services is contained in the Provider Handbook. 3. If more than one person is transported during the same trip, either to the same destination or a different destination, payment is made for transportation of the patient whose destination is the greatest distance. No additional payment is allowed for the additional person(s).
18.d. Skilled Nursing Facility Services for Patients Under 21 Years of Age Please refer to Attachment 4.19D for reimbursement	<u>Limitation on payment</u> - Limited to approved facilities.  All hospital-based nursing units must meet requirements as follows: 1. The nursing unit must be composed of former acute care hospital beds that have been converted to and certified for skilled nursing or intermediate care. 2. The need for the beds must have been approved by the local health planning agency.



State: Pennsylvania

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL  
CARE SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

26. Program of All-Inclusive Care for the Elderly (PACE) services, as described and limited in Supplement 3 to Attachment 3.1A.

X provided                      not provided

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM

State/Territory: Commonwealth of Pennsylvania

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